



**TEP** (The following information includes testing in Illinois and other states)

First Attempt	Retake	If retake: Date?	If retake: In what state?
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**Applicant Information** (address must be your permanent residence and match with your government photo ID)

Name:	Maiden/Previous Name:	Birth Date:		
Street Address:	City:	State:	Zip Code:	County:
Daytime Phone Number:	Email Address:			

**Statistical Information**

Gender:	Male	Female	
Auditory Status:	Deaf	Hard of Hearing	Hearing
Highest Level of Education:	High school diploma Bachelor's degree	Associate degree Master's degree	
Graduated from Interpreter Training Program:	Yes      No If Yes, what program? Graduation date:		

**Qualifying Questions**

1. Are you at least 18 years old?	Yes      No
2. Have you graduated from high school or passed the GED?	Yes      No

**Fee and Submittal Instructions**

1. Complete and sign the form on page two.
2. Pay \$80 Fee (\$35 Additional Fee for Out of State Resident):  
Make an electronic payment via Illinois ePay →  
(Url: <https://magic.collectorsolutions.com/magic-ui/Login/il-dhhc>)
3. Submit the Application:  
Click on the **blue icon** on the bottom of page two form to submit your  
completed application (prompted to submit from your email).

### Scheduling Testing Appointment

All testing will be conducted at the IDHHC office in Springfield, Illinois.

Once IDHHC receives and processes the fee and application form, IDHHC will send the candidates an acknowledgement and information regarding scheduling a testing appointment. All correspondence will be sent via email unless applicant requests otherwise.

Further information regarding the Test of English Proficiency can be found on IDHHC's website: [BEI Certification & Testing](#).

### Signature

I attest that all information provided in this application is accurate and true and agree to abide by the [IL BEI Manual](#) and the Illinois Interpreter for the Deaf Licensure Act of 2007 which requires anyone providing interpreting services to have a license (certification is not a license to practice interpreting). I understand that my certificate is subject to suspension, revocation, or cancellation.

Applicant's Signature\*:

Date:

**X** \_\_\_\_\_

\*Use **Fill & Sign** tool and select **Sign Yourself** to insert your signature on X.

**This application is incomplete without the applicant's signature.**

**I UNDERSTAND THAT ALL FEES ARE NON-REFUNDABLE.**

### Illinois Deaf and Hard of Hearing Commission

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